

# EXHIBIT A



## Your Insurance documents

Enclosed you will find the policy documents that make up your insurance contract with us.

Please read through all of these documents. If you have any questions or need to update any of your information please call us at 888-202-3007 (Mon-Fri, 7am-10pm EST).

Si tiene alguna pregunta o necesita actualizar su información, por favor llámenos al 1-855-744-2300 (Horario de Lunes – Viernes, 9am – 10pm ET).

### Your insurance documents

#### **Declarations Page**

This contains specific policy information, such as the limits and deductibles you have selected.

#### **Policy Wording**

This details the terms and conditions of your coverage, subject to policy endorsements.

#### **Endorsements**

These documents modify the Policy Wording or Declarations Page. These include relevant terms and conditions as required by your state and are part of your policy.

#### **Notices**

These documents provide information that may affect your coverage such as optional terrorism coverage (if purchased) and other important items required by your state.

#### **Application Summary**

This is a summary of the information that you provided to us as part of your application. Please review this document and let us know if any of the information is incorrect.

### Reporting a claim

Please inform us immediately if you have a claim or loss to report. Please have your policy number available so we can handle your call quickly.

**Email:** [reportaclaim@hiscox.com](mailto:reportaclaim@hiscox.com)

**Phone:** 866-424-8508

**Mail:** Attn: Direct Claims  
Hiscox  
5 Concourse Parkway - Suite 2150  
Atlanta GA, 30328



Hiscox Insurance Company Inc.

## Application Summary

The following outlines the details you have given us about your business. We have relied on the accuracy of this information in order to issue your policy. If any of the items below are incorrect or have changed, please call us at 888-202-3007 so that we can update your policy details.

### Your policy

<b>Policy number:</b>	UDC-4726216-CGL-21
<b>Quote reference number:</b>	10540711
<b>Product:</b>	Commercial General Liability
<b>Business name:</b>	Safe Rise
<b>Business address:</b>	1153 Udall Road
<b>City:</b>	Bay Shore
<b>State:</b>	NY
<b>Zip code:</b>	11706
<b>Name:</b>	Madison Rosa
<b>Email address:</b>	saferisenyc@gmail.com
<b>Telephone number:</b>	347-815-3725
<b>Per occurrence limit of liability:</b>	\$ 1,000,000
<b>When would you like your policy to start?</b>	February 3, 2021

### Your business

What is your primary type of business?	Training (business, vocational or life skills)
Your business's ownership structure (please select one).	Individual/Sole Proprietor
Including yourself, how many full-time, part-time, and temporary employees does your business have? (Do not include subcontractors.)	1-4
Do you currently have an insurance policy in effect for the coverage requested?	Yes
Please provide the name of your insurance carrier:	DurAmerica
Is your business operated out of your home?	Yes
Other than the business address provided above, how many additional locations does your business own or rent?	0
Address:	Not Applicable



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Do you or your business supply, manufacture, or distribute any tangible goods or products? Note: Brochures, documents and reports are not considered as tangible goods.	No
Does your business perform any design, construction, installation, removal, or physical repair of any property or tangible good?	No
<ul style="list-style-type: none"> <li>• Training of animals</li> <li>• Law enforcement Training</li> <li>• Safety Training/consulting</li> </ul>	
Is your business any of the following? <ul style="list-style-type: none"> <li>• Public/private/charter school</li> <li>• College or university</li> <li>• Day care or eldercare facility</li> <li>• Technical or vocational school</li> </ul>	No
Does your business conduct any of the following training, instruction, or services? <ul style="list-style-type: none"> <li>• Animal</li> <li>• Architecture or engineering</li> <li>• Aviation</li> <li>• Behind the wheel driving</li> <li>• Cooking or food preparation</li> <li>• Construction management</li> <li>• Daycare or childcare</li> <li>• Fitness</li> <li>• Law enforcement</li> <li>• Medical</li> <li>• Safety</li> <li>• Security guard.</li> </ul>	No
For the next 12 months, what is your estimated payroll expense for yourself, your full-time, part-time, and temporary employees? (Do not include subcontractors.)	\$ 40,000.00
Does your business use rented or non-owned vehicles (e.g. an employee's car) for business purposes?	No

### Statements About Your Business

As the individual completing this transaction, you are authorized to purchase and bind this insurance on behalf of the entity applying for coverage.	I have read and agree
Your business is not controlled or owned by any other firm, corporation, or entity.	I have read and agree
For the entire period of time that you have owned and controlled the business, you have not sold, purchased or acquired, discontinued, merged into or consolidated with another business.	I have read and agree
Your business has never had any commercial insurance cancelled or rescinded.	I have read and agree



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### Business Activities

Your Business does not conduct any of the following activities:

- Automotive repair or sales
- Food service/restaurant operations
- Medical services
- Retail operations

Note: This does not include the activities of your clients in any of these industries

I have read and agree

### Claims and Loss History

Based upon your knowledge and the knowledge of your business's current and past partners, officers, directors and employees, during the last five years a third party has never made a claim against your business and you do not know of any reason why someone may make a claim.

I have read and agree

### General Liability

The limits of liability represent the total amount available to pay judgments and settlements for any claims. We are not liable for any amounts that exceed these limits.

If coverage is provided, it shall apply only to occurrences that take place during the policy period.

Judgments, settlements and claims expenses incurred are subject to a deductible amount. The deductible is the amount you must pay before we will make any payments under the policy. Some coverage may not be subject to a deductible, in which case you are not required to make payments before any payments are made under the policy. Please consult the policy language for details.

If you have knowledge of any circumstance that may lead to a loss or a claim being made against you, coverage will be excluded if such loss occurs or claim is made.

Occurrences that took place prior to the inception of the policy are excluded.

Policies are underwritten by Hiscox Insurance Company Inc., which provides payment to Hiscox Inc. for its role in the sale and administration of each issued policy. You may obtain information about compensation for Hiscox Inc. based on the sale of a policy or any quotes presented by requesting such information from Hiscox Inc.

### Other information

#### Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

#### Optional Terrorism coverage

You have elected to purchase optional terrorism coverage.

Yes



**Hiscox Insurance Company Inc.**

<b>Optional Waiver of Subrogation</b> You have declined to purchase a Waiver of Subrogation.	Yes
<b>Optional Primary and Noncontributory endorsement</b> You have declined to purchase an optional Primary and Noncontributory endorsement.	Yes
You have confirmed that you agree with the General Statements provided.	Yes
<b>Optional Non-Owned Auto Liability coverage</b> You have declined to purchase Non-Owned Auto Liability coverage.	Yes
I agree to accept delivery of the insurance policy and related documents via email to the address provided to Hiscox and agree to consent in electronic transactions.	Yes
I have read the information above and confirm it is all correct. I understand that by checking this box I am agreeing to enter into a binding agreement with Hiscox Insurance.	Yes
<b>Optional Business Personal Property Coverage</b> You have declined to purchase optional business personal property and equipment coverage:	Yes